

9. *Pigmentum Album in some Cutaneous Maladies.*—MR. ALFRED FREER calls (*Lancet*, June 18, 1859) the attention of the profession to the great value of white paint as a remedial agent. Mr. F. states that in *erysipelas* the most striking benefit results from its application. "After *erysipelas*," Mr. F. says, "the paint proves of the greatest service perhaps in *eczema* in its several forms. In chronic *eczematous* eruptions of the aged it affords much comfort, and often speedily effects a cure. Of late years I have extended its employment to other complaints of the skin, including *herpes* in its several forms. I have tried it in some cases of smallpox, with the view of diminishing the number of vesicles on the face, and of controlling their size. The latter indication it seems likely to fulfil; but I cannot speak with confidence about the former, the papules being already numerous at the time of my visit. I have also used it in several cases of carbuncle and furuncle. The first was in an instance of a huge carbuncle, situated on the loin of a man, and rapidly extending, notwithstanding free incisions, linseed poultices, and appropriate constitutional treatment. I applied a thick, wide circle of paint round the swelling, and dressed with resin ointment and cotton wool. There was no advance of the disease from that time, the centres rapidly broke up, and recovery took place. It is, however, probable, that the omission of the warm poultice may have contributed to the improvement, for I have often observed that warm poultices, however well made, seem to foster and spread carbuncular inflammations.

"The paint seems to act in two ways: first, and chiefly, as an efficient excluder of the air—that great irritant to the cutaneous surface when disordered; and, secondly, as a direct sedative to the sentient nerve filaments, rendering them less prone to become involved in inflammatory action. In boils it relieves the painful tension, and favours resolution. In some forms of painful ulcers of the leg, of a small size, it gives great relief. In galling of the skin, where *anasarca* is present, it is also of use, and is the best application that we have in burns of the first and second degree. But it is in *erysipelas* that its triumph is most manifest; the patient soon finds the comfort of it; the tight shining skin soon becomes wrinkled and shrunken; indeed, the inflammation very rarely extends after the second or third painting.

"The manner of applying it is by means of a feather, painting the affected parts and a little beyond, and laying on a fresh coat every two hours or so, until a thick layer is obtained, and then sufficiently often to maintain a covering. In *erysipelas*, it peels off in a week or so with the shed cuticle, leaving beneath a smooth, clean, healthy surface."

MEDICAL PATHOLOGY AND THERAPEUTICS, AND PRACTICAL MEDICINE.

10. *Treatment of Asthma by Coffee.*—DR. HYDE SALTER states (*Edinburgh Med. Journ.*, June, 1859) that "one of the commonest and best-reputed remedies of asthma, one that is almost sure to have been tried in any case that may come under our observation, and one that in many cases is more efficacious than any other, is strong coffee. To the question, 'Have you tried strong coffee?' the asthmatic is pretty sure to answer, 'Yes;' and he is also pretty sure to add that it gives him relief.

"About the *modus operandi* of this remedy I was long puzzled; I could not make it out; and it is only lately that I think I have stumbled upon it. The *rationale* of its efficacy is, I think, to be found, on the one hand, in the physiological effects of coffee—the particular nervous condition that it produces; and, on the other, in a feature in the clinical history of asthma which I have long observed, and of which I think the efficacy of coffee is highly corroborative.

"This fact is, that *sleep favors asthma*—that spasm of the bronchial tubes is more prone to occur during the insensibility and lethargy of sleep than during the waking hours, when the senses and the will are active. I have already

referred to this in my observations on the 'Clinical History of Asthma,'¹ in explaining why the paroxysm invariably (or almost invariably) chooses the hours of mid-sleep for its onset. Let me just refer to this subject again, for it is both interesting and important, as it explains a curious and very constant phenomenon in asthma—the hour, namely, of the attack—is highly illustrative of its pathology, and furnishes the key to some of its treatment.

"I think, then, that sleep favours the development of asthma in two ways—

"a. By producing insensibility to respiratory arrears.

"β. By exalting reflex action.

"The way in which sleep favours the development of asthma, by producing insensibility to respiratory arrears, and exalting reflex nervous action. I have already sufficiently explained in the papers on the 'Clinical History of Asthma' to which I have referred.

"There can be no doubt that sleep *does* exalt reflex nervous action. It is a fact so abundantly inculcated by the history of the disease as hardly to require illustration or proof. The phenomena of epilepsy, cramp, lead tremors, and other examples of deranged muscular action, all teach it. It is just as sleep comes on, just as the will is laid to rest, or during sleep, that these different forms of involuntary muscular contraction most commonly occur. Any one, to convince himself of it, has only to fall asleep sitting on the edge of his chair, in such a position that it shall press on his sciatic nerves. As long as he is awake his legs will be motionless; but the moment he falls asleep they will start up with a plunge and suddenly wake him. As soon as he is awake they are quiet and still again, with no disposition to start, till he again falls asleep, and that moment they start again and wake him; and so he may go on as long as he likes. He changes his position, sits back in his chair, and they start no more. I need not explain what so clearly explains itself. I heard, some years ago, of a case of what might be called chronic traumatic tetanus, in which the source of irritation—the excito-motory stimulant—was extensive disease of the hip-joint. The moment the patient fell asleep he was seized with opisthotonos, which, of course, immediately woke him. On awakening, the tetanus vanished; on again falling asleep, it reappeared; and this alternation of falling asleep and waking continued for weeks, if not for months, the patient getting no continuous rest, till he was quite worn out. As long as he was broad awake the tetanus never appeared.² Hosts of similar facts, illustrative of the same truth, might be cited.

"Anything that exalts reflex nervous action increases, of course, the potency of reflex stimuli. Now, I have elsewhere endeavoured to show that the phenomena of asthma are, in almost every case, those of excito-motory action, and that the exciting causes of asthma are, in the great majority of instances, such as act by a reflex circuit. They would, therefore, on the asthmatic's falling asleep, immediately acquire a potency they did not before possess, just as the pressure on the sciatic nerve did, in the illustration I have given. Thus it is we see that the asthmatic may gorge himself with unwholesomes, and yet, as long as he keeps himself awake, suffer no consequential asthma; the irritant is there, the undigested food is in the stomach, but as long as he is awake, as long as the will is dominant, it is inadequate to the production of reflex phenomena. But let him fall asleep, and in an hour or two the paroxysm will be established.

"And not only will *sound sleep* determine, by this exaltation of reflex susceptibility, the production of asthma by its exciting causes, but a small dose of the same condition—sleepiness, drowsiness—will favour the supervention of asthma in a proportionate degree. Not only is drowsiness a premonitory sign of an attack, but a powerful predisposer to it; and the asthmatic knows that he yields to it at his peril. I have often noticed in asthmatics that the sleepiness that is so apt to come on after dinner will be accompanied by a slight asthmatic op-

¹ Medico-Chirurgical Review, July, 1858 and 1859.

² I was further informed, respecting this case, that, after everything else had failed, sleep was procured, with an immunity from the tetanic spasms, by putting the patient into the mesmeric state. In this way he got rest, and greatly improved; but what was the ultimate issue of the case I do not know.

pression and wheezing: as the drowsiness deepens, so does the asthma, and in this way it may settle down into an attack; but if the patient rouses himself, or if anything occurs to engross his attention so as to wake him up, broad awake, the asthma quickly vanishes. It is in this way, I think, that is to be explained the fact, that asthmatics can dine out late and unwholesomely with impunity; while, if they dine at the same time and in the same way at home, asthma is sure to come on. At home they want that excitement which at a dinner-party keeps the animal functions in a state of exaltation and the mind vividly awake, and effectually banishes the least approach to drowsiness. Of the fact there is not the slightest doubt. I know an asthmatic who can with impunity dine out at seven o'clock, as dinner-eaters of the nineteenth century are apt to dine—shirk nothing from soup to coffee—walk home at ten o'clock, a distance perhaps of four miles, with the wind of a deer-stalker—go straight to bed, and get up the next morning scathless; but if he were to dine at home at six, or even at five o'clock, he would be wheezing at nine, and by four the next morning downright asthmatic.

“I believe a certain amount of the curative influence of fright, or other strong mental emotion, is to be explained in the same way.

“But why,” it may be asked, ‘all this roundabout digression? What has all this to do with the curative influence of coffee?’ I believe it is simply its explanation. For, what are the physiological effects of coffee? They consist in the production of a state of mental activity and vivacity, of acuteness of perception and energy of volition, well known to those who have experienced it, and to a certain extent very pleasurable, and which is the very reverse of that abeyance of will and perception which, in drowsiness or sleep, so favours the development of asthma. In sleep, will and sense are suspended; after taking strong coffee, they are not only active, but exalted. It produces rapidity of thought, vivacity of spirits, clearness of apprehension, increases tenfold the working powers, and altogether intensifies mental processes. Not only is there no disposition to sleep, but sleep is impossible: the thoughts hurry one another through the mind; the bodily movements are energetic and rapid; and if the effects of the drug are pushed far, a very unpleasant condition is produced, something like that of delirium tremens, *minus* its hallucinations. Now, if the suspension of the will, or its depression, favours the production of excito-motory phenomena, and thus favours the development of asthma, is it unreasonable to suppose that its exaltation should prevent or cure it? It *must* do so—if not positively, at least negatively, by removing the predisposing condition. And bearing in mind this marked physiological effect of coffee—that this exaltation of the animal nervous functions is exactly what it produces—it certainly does seem to me reasonable to suppose that this is its *modus operandi*. And if of coffee, then of strong tea, and alcohol, and ammonia, and ether, and other stimulants of undoubted value in asthma.

“To show that this is the *rationale* of the cure of asthma by stimulants I do not think it is necessary to show that it is only when the asthmatic is drowsy, or has been sleeping, that they do good. If anything that rouses the asthmatic to a state of wakefulness will put a stop to asthma that was creeping on him while he was sleeping or sleepy, *à fortiori* anything that carries him beyond a state of mere wakefulness—that gives him an active, not a mere passive wakefulness, will be still more efficacious, and will be adequate to the checking of an attack that, in spite of his being broad awake, was gaining on him.

“The very frequency with which coffee gives relief, makes it hardly worth while for me to narrate the history of any cases. I should think, from my own experience, that coffee relieves asthma in two-thirds of the cases in which it is tried. The relief is very unequal, often merely temporary, and sometimes very slight: sometimes it is complete and permanent. It is often taken in the morning; and patients will tell you, that previous to taking their coffee they are not fit for anything, can hardly move about; but that taking it is immediately followed by freedom of breathing, and an ability to enter at once on their daily occupations.

“There are two or three practical hints with regard to the administration of coffee that are worth bearing in mind.

"1. It cannot be given too strong. Unless sufficiently strong to produce its characteristic physiological effects it does no good, but rather harm; moreover, if given very strong it need not be given in much bulk, and quantity is a disadvantage—its effect is less rapid, and it oppressively distends the stomach.

"2. I think it is best given without sugar and milk—pure *café noir*.

"3. It should be given on an empty stomach; if given on a full stomach it often does great harm, by putting a stop to the process of digestion: indeed, so much is this the case, that I consider coffee accompanying a meal, especially late in the day, so peculiarly apt to induce asthma, that it deserves to be classed among its special provocatives. I have mentioned elsewhere the case of an individual who never dared to take the usual after-dinner cup of coffee—it would make the simplest dinner disagree with him. But the same asthmatic found in strong coffee, on an *empty stomach*, one of his most valuable remedies.¹

"4. For some reason or other, I don't know why, it seems to act better if given hot—very hot.

"I have adverted just now to the influence of mental emotion on asthma, and stated my belief that its *modus operandi* was, like that of coffee and other stimulants, by producing an exaltation of sense and will—an intense activity of the intellectual part of nervous action—and proportionately lessening the tendency to excito-motion; and this it does to a much greater degree than stimulant remedies, and its effects are, therefore, proportionately more sudden and complete. It was, indeed, the curative influence of violent emotion, and the observation that it and coffee-taking alike banish that condition in which asthma is most prone to come on, that first suggested to my mind the theory of the action of stimulants on asthma that I have just endeavoured to propound. I think, too, that mental emotion acts, if I may so express it, as a nervous derivative. There are many phenomena, both in health and disease, that seem to show that only a certain amount of nervous activity can be in operation at a certain time; and that, if a nervous action of one kind comes into operation, another that had been previously going on is immediately depressed or arrested. Such is the explanation of the well-known experiment of the two dogs, one of which was taken hunting immediately after a meal, while the other was allowed to sleep. In the one that was taken hunting, digestion, on its return, was found hardly commenced; in the other, it was completely over, and the stomach empty. In the sleeping dog the whole vital dynamics, not being otherwise employed, were appropriated by the function of digestion; while in the hunted dog they were entirely taken up by its energetic locomotion, and drafted away, as it were, from that nervous superintendence of digestion without which the function cannot be carried on.² The power of strong emotion, or hard study, in retarding digestion, is an analogous fact. Just in the same way, I think, the extraordinary activity and exaltation of thought and perception, that characterize the state of mind

¹ Since writing the above I have received the following account, from an asthmatic gentleman, singularly confirmatory of my own observations:—

"I used to think," writes my informant, "strong coffee the best of all remedies. I remember one instance especially, only a pattern of many others, but more striking when told. With bent back, high shoulders, and elbows fixed on the chair-arms, I had been labouring for breath all the afternoon. About five o'clock I had two breakfast-cups of strong coffee. The hard breathing disappeared rapidly and completely. My sisters were dancing in the next room, and in less than an hour I was dancing with them, quite free from asthma.

"Of late, coffee has often had an opposite effect upon me. The after-dinner cup of coffee, to which I have been for several years habituated, now produces a sensation of stuffing of the chest, and incapacity of moving about. I believe this is because it stops digestion; and the reason I did not suffer for some years I take to be, that my originally most excellent and enduring stomach could stand it so long, and no longer. Coffee, on an empty stomach, I still deem a most valuable remedy. I do not share the prejudice against putting milk and sugar into coffee that is used as a medicine, provided that it remain *café noir*, and be not made *café au lait*."

² See Dr. John Reid's experiments, in Todd's *Cyclopædia of Anatomy*, vol. iii. p. 899; also those of Bernard and of Bischoff, in Müller's *Archiv*, 1843.

that the taking of coffee, ether, and other stimulants produces, acts as a nervous derivative in asthma, and diverts from the nervous system of the lungs that morbid activity which engenders the spasm of the bronchial tubes.

"The cure of asthma by violent emotion is more sudden and complete than by any other remedy whatever; indeed, I know few things more striking and curious in the whole history of therapeutics. The remedy that stands next in speed and efficacy—tobacco pushed to collapse—takes time, a few minutes at least: but the cure of asthma by sudden alarm takes *no* time; it is instantaneous, the intensest paroxysm ceases on the instant."

Dr. Salter has arrived from the above facts to the following conclusions:—

"That, since the abeyance of the will favours, in proportion to the degree of that abeyance, the development of asthma, and since the effect of strong coffee is to dispel such suspension or depression of volition, and restore the will to its wonted (or even an unwonted) activity, it is by thus exalting the will, and so disavouring the development of excito-motory action, that this remedy relieves asthma.

"That the same interpretation applies to the relief of asthma by all other stimulants whatever.

"That thus strong coffee and mental excitement, although apparently so different, belong to the same category of remedies for asthma."

11. *Diagnosis and Treatment of Hepatic Colic.*—Prof. TROUSSEAU lately directed the attention of the clinical class, at the Hôtel Dieu, to the frequency with which cases of hepatic colic are mistaken for other affections. Although, in its severe form, hepatic colic is readily recognized, yet a slighter form, which is more common, especially in women, is very generally ignored. The reason is, that the pains caused by the small calculi are felt principally in the epigastrium, from which they radiate through the abdomen, the chest, the back, and sometimes even down the thighs. The practitioner, accordingly, is very apt to refer the pain to other organs than the liver, and, in particular, to ascribe it to a spasmodic affection of the stomach. This opinion appears, in many cases, to be further confirmed by the presence of vomiting.

M. Trousseau illustrated these observations by two cases, both women, of sedentary occupation, from forty to fifty years of age. In the case of the first, pain in the epigastrium, with vomiting of matter not containing bile, occurred two days before her admission into the hospital. The severe pain was succeeded by a feeling of languor and fatigue. The fecal matters passed by this woman were collected, washed, and carefully examined, when a calculus of the size of a pea, consisting of cholesterine, was found. The second woman had been subject to "cramps of the stomach" for several years. These had been treated without success. When she came under M. Trousseau's care, she had been suffering for several days from attacks of severe pain starting from the epigastrium, and darting down through the belly into the right flank and into the back. These attacks came on two or three times a day, and lasted for from half an hour to two hours. On the 12th of March the pains continued for five hours, on the 13th for eleven hours: they were accompanied by non-bilious vomiting, and on the evening of the last-mentioned day they ceased suddenly, and were succeeded by slight shiverings and well-marked jaundice. The bowels having been confined for some days, a purgative was administered: the fecal matters were washed, and five calculi with polished facettes were discovered.

Before alluding to the treatment, M. Trousseau entered somewhat minutely into a consideration of the symptoms in these and similar cases. He laid it down as a general rule, that if, in addition to pains of the character described above, there be vomiting of matters not coloured with bile, the symptoms depend upon the presence of a calculus in the common duct; and that, ninety-nine times out of a hundred, the presence of bile in the urine will next day confirm the diagnosis. It must, however, be borne in mind that, although the absence of bile in the matters vomited, and the subsequent occurrence of jaundice, entitle us to give a positive diagnosis, the opposite circumstances—namely, the presence of bile in the vomited matters, and the absence of jaundice—do not justify us in absolutely denying the existence of hepatic colic. In most cases the